

Office: 45 Memorial Circle, Augusta, Maine





Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	EGISLATOR INFORMATION	rigistika di mangang Sababbi Mga pagang mangang mangang		
Name Philip A Curl	/ />	Office: ☐ House ☐ Senate		
Mailing address 93 Blockwell Hill B	de tradition de la company de	District F-G		
City, zip code Madison, ne 09950		Phone 696 3052		
PART 1. INCOME I	DERIVED FROM EMPLOYMENT BY ANOT	HER		
List the name and address of each employer from economic activity of each employer.	whom you received compensation of \$1,000 or	more. Specify the principal type of		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
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(For L	ME DERIVED FROM SELF-EMPLOYMENT .egislators who are self-employed.)			
A. List the name and address of your business, if a associated with a partnership, firm, professional as entity.				
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
Name: Philip of Curting Name: Philip of Curting Address: Mefisas one organo	Road Considtrat			
Name: Address:				
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PART 2 (continued). INCOME DERIVED FROM SELF-EMPL (For Legislators who are self-employed.)	OYMEN!
B. List each source of income derived from self-employment that represents more than 10% of you greater, and specify the principal type of economic activity of the entity or person from whom yo disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the entity or person from whom the income was derived.	u derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Cartis Rutals Address: 93 Blackwell Hill Pel Medicin 04950	
Name: Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of you	r firm.
Name and Address of Firm Major Areas of (self)	Practice Major Areas of Practice (firm)
Name: Address:	
Name: Address:	
PART 4. OTHER SOURCES OF INCOME List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e oifts. If none, check the box
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the box.
	e gifts. If none, check the box. Kind of Income (investments, leases, etc.)
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not includ None Name and Address of Source Name: Address: PART 5. REPORTABLE LIABILITIES	Kind of Income (investments, leases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not includ None Name and Address of Source Name: Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during tareas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If	Kind of Income (investments, leases, etc.) he reporting period, and list the major
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not includ None Name and Address of Source Name: Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the second se	Kind of Income (investments, leases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not includ None Name and Address of Source Name: Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If	Kind of Income (investments, leases, etc.) Lease (investments, leases, etc.) Lease (investments, leases, etc.) Lease (investments, leases, etc.) Lease (investments, leases, etc.)

	REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Inclunone, check the box.	ude gifts with an aggregate v	value of more than \$30	00 from a single source. If
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Name of Source of Gift 1.	3.	Name of Source of	Gift www.incommence.c
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	EPORTABLE HONORARI		If none shock the box
List the source of any honoraria accepted for appearances or None	speeches related to your regi	ISIAUVė responsibilitios	. If HUNE, CHECK the DOX.
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2.	$egin{array}{cccccccccccccccccccccccccccccccccccc$	anianisteranii arahaharaharanii arahanii il-saraharaharaharahanii anii arahah bib-aala	HERIOPPEURININA (1989 IA) HERIOA (1886 IA) HERIOA (1886 IA) (1986 IA) (1986 IA) (1986 IA) (1986 IA) (1986 IA)
PART 8 REPRESENT	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe			mount. If none, check the
box. None	n de de de la destación de la delación de la de	nankharitan di saman High li sesta karan serakan jili gilikan kang Esamanlah Milihari keranci	american particular de contrata de contrat
Name of Agency		Name of Agenc	
1.	3.		
2.	4.	ANTA ANTONIO MENTE SANTENIA ANTONIO AN	
PART 9. BUSIN	IESS WITH STATE AGEN	ICIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family s	sold goods or services	with a value in excess of
None	en konstrueren 11 kann menten dan katurakan melalak konstruktur kentakan en derikatuk beranda kentakan derikat	t er for en en de tet de tre en authorisen en e	and the second of the second
Name of Agency		Name of Agenc	ian (Sandalan) ya kasayan na nananan mahaya kanana da maha (Sandalan Ashar) da hasi kanaya masa paga ya saya Kanada da kanada kanada kanada da kanada da kanada (Sandalan Ashar) da kanada da kanada da kanada kanada kanada
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2.	4.		
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IM	MEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not it	of income of \$1,000 or more thof income represented. If y	received by your spou	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name:		Spouse or 1.	e.
Job Title:	2. 3.	Domestic 2. Partner 3.	
		Dependent	
If dependent child(ren) receive more than \$1,000 of income		Child Dependent	
for the reporting period, list only the type of economic activity and the kind of income.		Child	Linkselvonesenessesenstensinninninninninninninninninninninninnin
		Dependent Child	

☐ None					
Organiz and	ration/Business d Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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Legislator who willfully	fails to file a required stat	tement is subject to a fine	of up to \$100. (1	M.R.S.A. § 1017-A	.)
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PART 11. OFFICER OR DIRECTOR POSITIONS